



**Weill Cornell  
Medicine**  
Department of Psychiatry

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Dear Mr. Sapone:

At your request I interviewed your client, Mr. Alexander Burman and reviewed documents in order to determine what effect, if any, psychological or psychiatric factors may have had in the behavior that led to the instant offenses to which Mr. Burman has pled guilty.

In addition to interviewing Mr. Burman and his wife, Mrs. Marina Burman, I have also reviewed medical records from: Dr. A. Perkelvald, Dr. R. Hershman, Dr. S. Reykher, Mount Sinai Medical Center Transplantation Center, and New York Presbyterian Hospital. I have also reviewed Mr. Burman's indictment (16-CR-190) as well as videotaped interviews with Mr. Burman's Son and Daughter, his Rabbi and a number of friends who knew him well.

Based on this information it is my medical opinion that four main factors had a material influence on Mr. Burman that contributed to his involvement in the instant offense. They are: (1) Mr. Burman's experience in Ukraine and Latvia prior to his immigration and the reasons



for his immigration, (2) Mr. Burman's chronic pain and iatrogenic opiate dependency and addiction, (3) Mr. Burman's chronic co-morbid medical illness, and (4) chronic depression. I will describe and discuss each of these below.

## **I. Background**

Mr. Burman was born in Kiev, Ukraine on March 20, 1962. He was the first born child, followed by a brother six years his junior. His parents are alive and now living in New York City. Mr. Burman comes from a stable and accomplished family. His father, now 81, was a geologist; his mother, now 76, was a School Director. Mr. Burman's brother is a pediatric endocrinologist and, having met and married a Canadian woman, now lives in Toronto, Canada. Mr. Burman graduated from college in Ukraine and received a Master's degree in economics from Kiev Federal University in 1985.

Mr. Burman has two children. His son is 27, with a degree in mechanical engineering, and is employed in that capacity with the MTA. His daughter is 15 and doing very well in High School. Mr. Burman's first marriage ended in divorce. He had a years-long relationship with the mother of his daughter, but the couple never married. Mr. Burman remarried in 2004 to his current wife. He has always remained actively involved in his children's lives, seeing his children almost daily. Mr. Burman, the mothers of his children and his current wife maintain cordial and positive relationships with each other and with the children.

## **II. Experience in Ukraine and reasons for Immigration**

The issues salient to Mr. Burman's decision to leave his life in Ukraine and immigrate to Latvia and then the United States are: 1) Lifelong experience of discrimination and intimidation because his Jewish identity; 2) intensification of nationalism, discrimination and corruption following Perestroika beginning in 1985; and 3) the catastrophe at Chernobyl in 1986.



Lifelong experience of discrimination: Beginning with his school years Mr. Burman experienced taunting and bullying because he was Jewish. On one occasion his brother was badly beaten and taunted for being Jewish. Most painfully, Mr. Burman experienced consistent job discrimination. He said the third question on every job interview was "Are you Jewish?"

Perestroika: Because of this he had trouble finding a job in economics and had to settle for a position as a refrigeration equipment sales person. In 1987 he left Ukraine, and was able to get a job in Latvia in his field as an economist in the Department of Education. However, following the perestroika, Latvia declared independence and with the rise of nationalism and the desire to restore the Latvian culture, anti-Semitic discrimination grew uglier and far worse and Mr. Burman decided that he had "no future." Further, the need to pay bribes for being hired for a job grew worse after perestroika and corruption was rampant. Mr. Burman felt that he and his family could not survive in that environment. He said "I could see no bright side of life."

Chernobyl: Mr. Burman and his family were living in Kiev at the time of the Chernobyl disaster. Kiev is only 78 miles from Chernobyl. This disaster caused fear and alarm and deep abiding concern for the longtime health effects of radiation exposure. It is estimated that the exclusion area around the disaster site will not be habitable by humans for another 3,000 years. These fears of health effects are not idle. At this time, 82% of Mr. Burman's high school classmates have died. Mr. Burman himself is currently suffering from a complex series of serious chronic illnesses reflecting significant premature aging.

The net psychological effect of this disaster magnified Mr. Burman's feelings of anxiety and despair and the need to find a better life for himself and his family. As the eldest son he felt that this responsibility fell to him. In 1992 he immigrated to the United States and was granted asylum. The next two years were consumed with any work he could find so that he could bring the rest of his family to the United States. In 1994 he was successful in having his family join him. The sense of then being responsible for all his family only increased since it was through his agency that they were all in the United States.



### III. Chronic Pain and Iatrogenic Opiate Dependence and Addiction

Mr. Burman's life began to change in a progressively more difficult and painful way in 1997 when he underwent dental implant surgery. This surgery involves installing metal posts either directly into the jaw or under the gum line adjacent to the jaw then waiting for the implant to fuse to the jaw. Unfortunately for Mr. Burman, this surgery did not go well. He developed an infection of his jaw bone and subsequently bone replacement surgery. He underwent at least four operations between 1997 and 2004 involving removing and replacing the implants. This produced a state of extreme prolonged pain and to alleviate the pain Mr. Burman was prescribed high doses of multiple opiate medications. The risk for addiction of such a regimen is now recognized. In addition, Mr. Burman in the face of this state of affairs developed a serious depressive disorder which itself increased stress and lowered his threshold for pain perception. The result of all of the surgical intervention was the cessation of the infection and the reduction but not the alleviation of the pain. In any case, in 2004 with the completion of the final surgery, Mr. Burman attempted to stop the opiate use. Sadly, at this point he was already addicted and his attempt was not successful.

Unable to stop on his own, Mr. Burman sought treatment at Cornerstone where he underwent a two week detoxification program. Following this program he was drug free for five months but then relapsed due to an exacerbation of the persisting pain in his jaw. In 2007 during another attempt to be drug free he required yet another dental surgery and suffered a severe relapse. This pattern continued with Mr. Burman attempting repeatedly to become drug free but unable to maintain that state due to his chronic pain. In all, he was treated approximately seven times at various rehab centers. Until the time of his arrest he was still receiving medically prescribed opiate treatment (Oxycodone and extended release morphine sulfate).

It is now known that chronic opiate use causes cognitive deterioration with a deleterious effect on judgment, impulse control, working memory and declarative memory. Declarative memory is a function of the brain that, among other contributions enables us to maintain a stable sense of



self and identity. These effects are consistent with the change in behavior and deterioration of judgment reflected in the instant offense.

#### **IV. Chronic Complex Medical Illness**

The jaw pain that Mr. Burman experienced was only one of a several serious medical conditions and, in part, possibly a complication of one or more of those illnesses. In brief, Mr. Burman currently suffers from long-standing Hypertension, Cardiovascular disease (Left ventricular enlargement and a basal inferior wall infarction (heart attack), Insulin-dependent type 2 Diabetes Mellitus with renal impairment and Hepatitis C infection which he had contracted in the Ukraine due to unsanitary medical conditions.

Mr. Burman is currently receiving and requires regular medical care for all these conditions. Importantly, such a complex set of medical conditions is associated with much higher rates of major depressive disorder.

Mr. Burman's Hepatitis C infection is particularly relevant to understanding an added effect on his behavior. Associated with this infection is a state of fatigue which exerts its own compromise of cognitive function. In addition, although Mr. Burman had conscientiously sought treatment it has so far been unsuccessful. He attempted treatment with Interferon but could not tolerate the treatment. 50% of people treated with interferon develop profound depressions. Mr. Burman was one of those. After 2 1/2 weeks of treatment he became depressed and suicidal and his treatment was halted. He recently started on treatment with Harvoni but as yet has not demonstrated successful response.

#### **V. Major Depression**

Mr. Burman suffers from a chronic Major Depressive Disorder. There are a number of obvious factors that contribute to this illness including the stress of his early life, the persisting pain, the opiate use and dependency and the burden and biological effects of his medical illnesses. Over the last decade he has been treated by multiple psychiatrists and received



multiple medications without success. This is not surprising in a clinical situation such as his where the underlying and contributing causes of the depression remain present. Currently Mr. Burman meets criteria for a Major Depression including severe mood disturbance, apathy and psychomotor retardation, inability to concentrate even to watch television, absence of libido, inability to experience pleasure, fatigue and daytime sleepiness but nocturnal insomnia. He also admits to recurrent suicidal thoughts but denies any plan. This depressed state is accompanied by constant anxiety manifest in a sense of rapid heart rate and shaking. Depression itself also can cause both emotional cognition and neurocognition. The effect on emotional cognition is to produce negative and pessimistic thinking about the self, the world and the future. The neurocognitive effects include impairment of executive function (judgment, planning and decision-making), speed of information processing, memory and attention. The effects on cognition seem to be more severe depending on the severity of the depression, the age of the patient and the presence of psychomotor retardation.

## **VI. Positive Factors**

Mr. Burman has demonstrated a consistent pattern throughout his life of sensitivity to and concern for the well-being of others, and a sense of civic obligation. An example of this is his effective work to help the victims of Hurricane Sandy. He has been a stable and reliable father and has demonstrated the ability to establish deep and enduring friendships with prosocial members of the community. He also enjoys strong and stable family and community support. On the Ohio Risk Assessment System Scale he scores an eight which puts him in the low risk group for recidivism.

### Psychiatric Diagnoses:

Major Depression, severe and recurrent with anxious distress -DSM V: 296.33; ICD 10: F33.2

Opioid Use Disorder - DSM V: 304.00; ICD 10: F 11.20





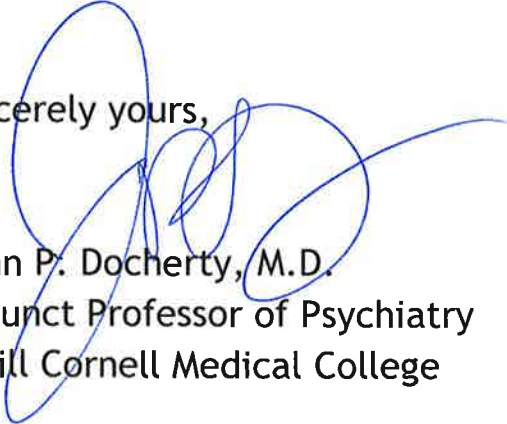
Impression:

To the best of my medical judgment, it is my opinion that the behavior involved in Mr. Burman's offenses was materially influenced by the combined effects of the iatrogenically induced opioid addiction and dependency, the deleterious effects of his chronic and persisting pain, the debilitating effects of his multiple chronic illnesses and the severe, recurrent and treatment-resistant state of major depression. These together had a combined effect to compromise his judgment and decision-making.

Prognosis:

In his current sober state Mr. Burman appears to comprehend the errors of his judgment and evinces sincere regret. He further recognizes the destructive role that opiate use has played in the choices he made. To stabilize his state and ensure his recovery Mr. Burman will require ongoing addiction rehabilitation treatment and psychiatric care and comprehensive pain management in a well-established clinic that can provide access to the full range of non-opioid interventions he needs to sustain his recovery. Concomitantly he will require continuous treatment of his multiple chronic medical illnesses. With such treatment, his fundamental sense of responsibility and the presence of a supportive social and familial network provide the basis for a positive prognosis and a low risk of recidivism.

Sincerely yours,



John P. Docherty, M.D.  
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